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PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE. Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. 10/574,945-Conf. #7327 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** April 7, 2006 FEE TRANSMITTAL Filing Date Haruo Yoshida First Named Inventor For FY 2008 Examiner Name A. Ruiz Applicant claims small entity status. See 37 CFR 1.27 2169 Art Unit SON-3117 TOTAL AMOUNT OF PAYMENT 630.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Rader, Fishman & Grauer PLLC 18-0013 X Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x Charge fee(s) indicated below () (" Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 155 510 255 210 105 Utility 310 Design 210 105 100 50 130 65 105 310 155 160 80 Plant 210 310 -510 255 620 310 Reissue 155 Provisional 210 105 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims** Fee Paid (\$) Extra Claims Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee Paid (\$) Extra Claims HP = highest number of independent claims paid for, if greater than 3. ;" . 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY		0	X				
Signature	~	1	240/	Registra (Attome	 40,290 24,104	Telephone	(202) 955-3750
Name (Print/Type)	Christop Ronald					Date	July 10, 2008

1251 Extension for response within first month

Other (e.g., late filing surcharge): 1401 Notice of appeal

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Under the Paperwork Reduction	n Property	person are r	equired to	respond to a collectio	n of information	on unless it displays	a valid OMB	control number		
Effective o	n 12/08/20	04.		Complete if Known						
Fees pursuant to the Consolidated	Appropria	tions Act, 2005 (H.		Application Num	nber	10/574,945-Conf. #7327				
FEE TRA	NSN	IITTAL				April 7, 2006				
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Applicant claims small er	itity status	See 37 CFR 1.2	27	Art Unit		2169				
TOTAL AMOUNT OF PAYMENT		(\$) 630.00		Attorney Docket	No.	SON-3117				
METHOD OF PAYMENT	(check al	l that apply)								
Check Credit Can	d	Money Order	No	ne Other (please identify	y):				
X Deposit Account Deposit	Account Nu	mber: 18	-0013	Deposit	Account Name	Rader, Fishr	nan & Gra	uer PLLC		
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FEE CALCULATION										
1. BASIC FILING, SEARCH,	AND EXA	MINATION FE	ES							
	FILI	NG FEES	SE	ARCH FEES	EXAMIN	IATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)		
Utility	310	155	510	255	210	105				
Design	210	105	100	50	130	65				
Plant	210	105	310	155	160	80				
Reissue	310	155	510	255	620	310				
Provisional	210	105	0	0	0	0	•			
2. EXCESS CLAIM FEES	2.0	103	Ū	ŭ	·	ŭ		Small Entity		
Fee Description Each claim over 20 (including	Peicone	.e.)		•			Fee (\$)	Fee (\$) 25		
Each independent claim over	•	•					200	100		
Multiple dependent claims	5 (1110140	ang recoded)					360	180		
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sheets or fraction thereof	See 35					•	•	•		
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4. OTHER FEE(S)							Fees	Pald (\$)		
Non-English Specification	, \$130	fee (no small er	itity disc	ount)				^ •		
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SUBMITTED BY	(-									
Signature Signature	1	\$ 40,	290	Registration No. (Attorney/Agent)	40,290	Telephone	(202) 95	5-3750		
Name (Print/Type) Christopher				6 month hulder	24,104	Date	July 10,			
Ronald P. F	<u> </u>	1								